

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 No. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Graham

District of Pima

Town of Thatcher

or

City of —

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 207

County Registrar No. 16

Local Registrar No. 16

No. — St. — Ward —
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child — { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Feb. 21st 1926</u> Month Day Year
5. No., in order of birth <u>14th</u>				

8. FATHER
Full name Alvin Warner

9. Residence
(Usual place of abode) Duncan
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 51 (Years)

12. Birthplace (city or place) Brook Lake Co.
(State or country) Idaho

13. Occupation
Nature of Industry Farmer

20. Number of children of this mother
(Taken as of time of birth of child herein
certified and including this child.)
(a) Born alive and now living 9
(b) Born alive but now dead —
(c) Stillborn —

14. MOTHER
Full maiden name Josephine Chesser

15. Residence
(Usual place of abode) Duncan
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 43 (Years)

18. Birthplace (city or place) Alabama
(State or country)

19. Occupation
Nature of Industry Housewife

21. Were precautions taken against oph-
thalmia neonatorum?
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1¹⁰ m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature P. B. Dryden M.D.
 Address Pima Arizona
 (Physician or midwife.)

Given name added from
a supplemental report March 9th 1926 Filed March 9th 1926
 Month, day, year

Registrar 969-221-339 Filed —, 19 —
 County Registrar Mrs. P. B. Dryden
Deputy Local Registrar.